PART B - FEE(S) TRANSMITTAL

Complete and tend t	his form, together wit	h applicable f	ee(s), to: <u>N</u> or <u>l</u>	Commissioner fo P.O. Box 1450 Alexandria, Virg	Alexandria, Virginia 22313-1450 (571) 273-2885		
INSTRUCTIONS This for a majoriste will further cor instructed lightess corrected I maintenance fee notification	rm should be used for tran rrespondence including the I below or directed otherwise as.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and ders and notice of the specifying specifical	PUBLICATION FEE (if requiper fication of maintenance fees was new correspondence address;	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 11/02/2005				Fee(s) Transmittal. The papers. Each additional	is certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
The Clorox Company Post Office Box 24305 Oakland, CA 94623-1305 1/10/2006 KBETEMA2 00000068 032270 09665245				I hereby certify that the States Postal Service vaddressed to the Mai	rtificate of Mailing or Trans nis Fee(s) Transmittal is bein with sufficient postage for fir 1 Stop ISSUE FEE address TO (571) 273-2885, on the	g deposited with the United est class mail in an envelope above, or being facsimile	
				Toni	Sampson	(Depositor's name)	
FC:1501 1400.00 DA FC:1504 300.00 DA				Cox	· sampon	(Signature)	
					in 5, 2006	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION: N	ON-WAX SUPERIOR GLO	OSS POLISHING	COMPOSITI		.		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	02/02/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
LIPMAN, BERNARD		1713		524-269000	. • •		
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicate	e address or indication of "For dence address (or Change of 6 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
The Clorox Company Oakland, CA							
	e assignee category or category				orporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment I Issue Fee				nt of Fee(s): seek in the amount of the fee(s) is enclosed.			
				Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 63-22.70 (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated above)	Deposit Acc	ount Number 03-22 70	(chelose all extra e	opy of this form).	
	MALL ENTITY status. See	•	☐ b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu sublication Fee (if required) vords of the United States Pate	ne Fee and Publicate vill not be accepted and Trademark	tion Fee (if ar I from anyone Office.	y) or to re-apply any previousle to other than the applicant; a regi	y paid issue fee to the applications is the property of the attorney or agent; or the property of the property	ation identified above. he assignee or other party in	
Authorized Signature	Morica M	ighas		Date	1-4-06 No. 46,790		
Typed or printed name MONICA WINGHART				Registration	No. 46, 790		
submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	pplication form to the USP1 s for reducing this burden, sh inia 22313-1450. DO NOT 5-1450.	O. Time will vary lould be sent to the SEND FEES OR O	depending up e Chief Infort COMPLETED	to obtain or retain a benefit by telection is estimated to take 12 soon the individual case. Any contion Officer, U.S. Patent and D FORMS TO THIS ADDRESS dection of information unless it	Trademark Office, U.S. Dep S. SEND TO: Commissioner	partment of Commerce, P.O. for Patents, P.O. Box 1450,	